

**T. Kennedy Helm, IV (SBN 282319)**  
**HELM LAW OFFICE, PC**  
644 40th Street, Suite 305  
Oakland, California 94609  
T: (510) 350-7517  
F: (510) 350-7359  
email: kennedy@helmlawoffice.com

*Attorney for Plaintiffs*

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
FRESNO DIVISION**

## **FRESNO DIVISION**

KELSI FAHRNI, deceased, through her Co- ) Case No.  
Successors in Interest TIFFANY FAHRNI )  
and DOUG FAHRNI; TIFFANY FAHRNI, ) **CO-SUCCESSOR IN INTEREST**  
individually; and DOUG FAHRNI, ) **DECLARATION OF DOUG FAHRNI**  
individually; ) **(Cal. Code. Civ. Proc. §§ 377.11 *et seq.*)**

## Plaintiffs.

VS.

COUNTY OF TULARE, a public entity; and  
DOES 1-50, jointly and severally,

## Defendants.

CO-SUCCESSOR IN INT. DECL. DOUG FAHRNI  
*Fahrni, et al. v. County of Tulare, et al.*  
Case No.

## **DECLARATION OF CO-SUCCESSOR IN INTEREST**

STATE OF CALIFORNIA )

COUNTY OF TULARE )

I, DOUG FAHRNI, attest and declare as follows:

1. I am the father of KELSI FAHRNI (“Decedent”), who died on August 12, 2022, in the City of Visalia, County of Tulare, California.
2. No proceeding is now pending in California for administration of Decedent’s estate.
3. I am Decedent’s successor in interest (as defined in Section 377.11 of the California Code of Civil Procedure) along with KELSI FAHRNI’s mother, TIFFANY FAHRNI. We all succeed to KELSI FAHRNI’s interest in this action.
4. No other person has a superior right to commence the action or proceeding or to be substituted for Decedent in the pending action.
5. A copy of Decedent’s death certificate is attached to this declaration as **EXHIBIT A**.
6. I have personal knowledge of the facts stated in this declaration. If called upon to testify to same, I am competent to do so.

I declare under penalty of perjury pursuant to the laws of the United States of America and the State of California that the foregoing information is true and correct.

Dated: 8/14/2023

DocuSigned by:  
  
By: 8980422D2E06460

## DOUG FAHRNI

CO-SUCCESSOR IN INT. DECL. DOUG FAHRNI

Fahrni, et al. v. County of Tulare, et al.

# **EXHIBIT A**

## CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL RECORDS

## COUNTY OF TULARE

TULARE, CALIFORNIA

3052022194678

## CERTIFICATE OF DEATH

3202254002222

|   |  |  |  |  |  |   |  |  |  |                                  |  |
|---|--|--|--|--|--|---|--|--|--|----------------------------------|--|
| DECEASED'S PERSONAL DATA  |  | STATE FILE NUMBER:<br>KELSI  |  | MIDDLE<br>-  |  | LAST (Family)<br>FAHRNI   |  | LOCAL REGISTRATION NUMBER  |  |                                  |  |
| AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)  |  | 4. DATE OF BIRTH mm/dd/yy<br>08/24/1992  |  | 5. AGE Yrs<br>29   |  | 6. IF UNDER ONE YEAR<br>Months<br>Days<br>Hours<br>Minutes  |  | 6. SEX<br>F  |  |                                  |  |
| 9. BIRTH STATE/FOREIGN COUNTRY<br>CA  |  | 10. SOCIAL SECURITY NUMBER<br>619-58-1632  |  | 11. EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UPA   |  | 12. MARITAL STATUS-SOUP <sup>1</sup> at time of death<br>NEVER MARRIED  |  | 7. DATE OF DEATH mm/dd/yy<br>08/12/2022 FND  |  | 8. HOUR<br>1508<br>(24 hours)    |  |
| 13. EDUCATION - Highest Level/Degree<br>SOME COLLEGE <input type="checkbox"/> YES   |  | 14/15. WAS DECEASED HISPANIC/LATINO/SPANISH? If yes, see worksheet on back<br>SOME ATTENDANT <input type="checkbox"/>  |  | 16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)<br><input type="checkbox"/> NO <input checked="" type="checkbox"/> WHITE   |  | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)<br>MOVIE THEATER     |  |  |  | 19. YEARS IN OCCUPATION<br>1     |  |
| 20. DECEASED'S RESIDENCE (Street and number, or location)<br>1308 N DUNWORTH CT   |  | 22. COUNTY/PROVINCE<br>TULARE  |  | 23. ZIP CODE<br>93292  |  | 24. YEARS IN COUNTY<br>29   |  | 25. STATE/FOREIGN COUNTRY<br>CA  |  |                                  |  |
| 26. INFORMANT'S NAME, RELATIONSHIP<br>TIFFANY FAHRNI, MOTHER  |  | 27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)<br>1308 N DUNWORTH CT, VISALIA, CA 93292   |  | 28. NAME OF SURVIVING SPOUSE/SRDP-FIRST<br>-   |  | 30. LAST (BIRTH NAME)<br>-  |  | 34. BIRTH STATE<br>CA  |  |                                  |  |
| 29. SPOUSE(SRDP) AND PARENT INFORMATION<br>DOUG   |  | 31. NAME OF FATHER/PARENT-FIRST<br>DOUG  |  | 32. MIDDLE<br>-  |  | 33. LAST<br>FAHRNI  |  | 38. BIRTH STATE<br>CA  |  |                                  |  |
| 30. NAME OF MOTHER/PARENT-FIRST<br>TIFFANY  |  | 35. NAME OF MOTHER/PARENT-FIRST<br>TIFFANY   |  | 36. MIDDLE<br>-  |  | 37. LAST (BIRTH NAME)<br>NASH   |  | 40. PLACE OF FINAL DISPOSITION RES-TIFFANY FAHRNI<br>1308 N DUNWORTH CT, VISALIA, CA 93292   |  |                                  |  |
| 39. DISPOSITION DATE mm/dd/yy<br>08/24/2022   |  | 41. TYPE OF DISPOSITION<br>CREMATE/RESIDENCE   |  | 42. SIGNATURE OF EMBALMER<br>► NOT EMBALMED  |  | 43. LICENSE NUMBER<br>-   |  | 47. DATE mm/dd/yy<br>08/23/2022  |  |                                  |  |
| 44. NAME OF FUNERAL ESTABLISHMENT<br>STERLING & SMITH FUNERAL HOME  |  | 45. LICENSE NUMBER<br>FD2106   |  | 46. SIGNATURE OF LOCAL REGISTRAR<br>► KAREN HAUGHT MD  |  | 48. IF HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA |  | 50. IF OTHER THAN HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> Hospice <input type="checkbox"/> Nursing <input type="checkbox"/> Home/LTC <input type="checkbox"/> Work <input checked="" type="checkbox"/> Other |  |                                  |  |
| PLACE OF DEATH<br>ADULT PRE-TRIAL FACILITY - FND  |  | 101. PLACE OF DEATH<br>TULARE  |  | 102. IF HOSPITAL, SPECIFY ONE<br>36650 ROAD 112  |  | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE<br>105. CITY<br>VISALIA  |  | 52. TIME OF DEATH<br>Onset and Death<br>106. DEATH REPORTED TO CORONER?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>Report Number<br>22-0976   |  |                                  |  |
| CAUSE OF DEATH<br>IMMEDIATE CAUSE<br>(A) HANGING<br>(B) (C) (D) (E)   |  | 107. CAUSE OF DEATH<br>Enter the chain of events — classes, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without preceding the etiology. DO NOT ABBREVIATE.<br>IMMEDIATE CAUSE (A) HANGING<br>(B) (C) (D) (E) |  | 108. TIME OF DEATH<br>Onset and Death<br>109. BIOPSY PERFORMED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  | 110. AUTOPSY PERFORMED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                          |  |  |  |                                  |  |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107<br>NONE  |  | 113. IF FEMALE, PREGNANT IN LAST YEAR?<br>NO   |  | 114. IF FEMALE, PREGNANT IN LAST YEAR?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN  |  | 115. SIGNATURE AND TITLE OF CERTIFIER<br>Karen Haught   |  |  |  |                                  |  |
| 116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED<br>AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED<br>Decedent Attended Since<br>(A) mm/dd/yy<br>(B) mm/dd/yy |  | 117. DATE mm/dd/yy<br>08/23/2022   |  | 118. LICENSE NUMBER<br>119. MANNER OF DEATH<br>Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined |  | 120. INJURED AT WORK?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN                    |  | 121. INJURY DATE mm/dd/yy<br>08/12/2022  |  | 122. HOUR (24 hours)<br>1438 EST |  |
| 123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)<br>OTHER: ADULT PRE-TRIAL FACILITY  |  | 127. DATE mm/dd/yy<br>08/23/2022   |  | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER<br>K ZANINOVICH, DEP CORONER   |  | 129. FAX AUTH.#   |  |  |  | 130. CENSUS TRACT                |  |

PHYSICIAN'S CERTIFICATION  
CORNERS USE ONLYCERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF TULAREThis is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, COUNTY OF TULARE  
HEALTH AND HUMAN SERVICE AGENCY.

Karen Haught

Karen Haught, M.D., M.P.H., Tulare County Health Officer  
Registrar of Vital StatisticsDATE ISSUED  
AUG 29 2022

This copy is not valid unless prepared on an engraved border, displaying date, seal and signature of the County Health Officer.



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE